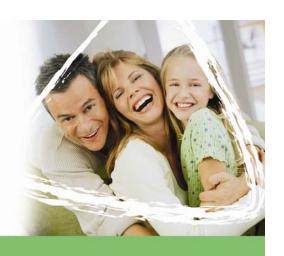




Assess Your Risk Of Dental Disease



□YES □NO

If you answer YES to ANY of the following questions, you or your child may be at an increased risk for dental

disease. Please take this form to your dentist and discuss how you can work	together to reduce your risk.
1. I have diabetes. A higher incidence of periodontal gum disease is seen in patients with diabetes. You may rec	□YES □NO
order to maintain your periodontal health. Brushing twice daily and flossing once daily are all further gum disease.	
2. I take prescription or over-the-counter medications	□YES □NO
Some medications may cause dry mouth, which can increase your risk for cavities. If y	
your pharmacist if this could be caused by your medication. Your dentist may recommend therapies to help decrease your cavity risk.	
3. I have had a cavity in the last three years.	□YES □NO
Past dental disease may be an indicator of risk for future dental disease. You should dentist or hygienist who may include one or more of the following: twice daily brushing.	ng with fluoride toothpaste, fluoride
treatments, home fluoride rinses, and dental sealants for unfilled molars with deep pi	ts and grooves. In addition, he/she may
recommend reducing your consumption of foods that contain sugar.	5 1/50 5 1/0
4. I frequently eat or drink sugary substances.	□YES □NO
Frequent consumption of foods that contain sugar is a major risk factor for tooth decay. The in your mouth, the greater the risk of decay. For example, slowly dissolving sugars such as	s hard candies, cough drops, breath mints, and
antacid tablets pose a greater risk for decay. Of course, the more sugar you consume between	•
5. I put my baby to bed with a bottle containing milk or juice. Putting your child to bed with a bottle containing formula milk, milk, or juice can put	YES NO
Bacteria in the mouth convert the sugar to acid, which attacks tooth surfaces and caus characterized by multiple cavities on a child's front teeth. Discuss prevention of Baby	es decay. Baby Bottle Tooth Decay is
and/or dentist.	bottle tooth becay with your pediatrician
6. I have had or will have head and neck radiation treatment.	□YES □NO
Head and neck radiation treatment reduces blood flow and can cause extremely dry m	
cavities. In addition, if one's immune system is compromised, they may experience m	
the mouth. If you are having radiation treatment of the head and neck, you should dis	
oncologist, which may include a saliva substitute, removal of compromised teeth, or o	
7. I smoke cigarettes, a pipe, or a cigar, or I chew tobacco.	YES □NO
Tobacco and alcohol are the leading risk factors for oral cancer. Together, they are asso	ociated with 75% of all oral cancers. Your
dentist should perform an examination for oral cancer at your regular check-up. In ad-	dition, smoking is an independent risk factor
for periodontal (gum) disease. If you do smoke, you should discuss quitting with your	
8. I have had periodontal (gum) surgery which has left me with receded gums.	□YES □NO
Gum surgery can expose the roots of the teeth, leaving one at increased risk for root ca	avities. Talk to your dentist about the benefits

Please note: Not all recommended services are covered by dental insurance plans.

Fluoride in the water supply helps to reduce cavities. If you do not live in a fluoridated community, you should speak with your

Delta Dental of Arizona 5656 W. Talavi Blvd. Glendale, AZ 85306

9. I live in a community that does not have fluoride in the water supply

of fluoride treatments following periodontal surgery.

dentist about the use of fluoride rinses or other supplements.

Telephone: 602-588-3131 Claims Inquiries: 602-588-3982 Website: deltadentalaz.com